PARI 8—IS	<u> </u>			
Best Available Copy	SUE FEE TRAN	SMITTAL	*	11.
	X ISSUE FEE		741/	660
As:	sistant Commissi		20	1777
Wa	shington, D.C. 20	1231		
Char	المارين الماري	n)	\supset	*
MAILING INSTRUCTIONS: This form should be used for transmitting the ISS	SUE FEE. Blocks 1			3. 200
through 4'should be completed where appropriate. All further correspondence inc	duding the Issue Fed	mailings of the Issue Fee		
Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the currer		for any other accompanying papers. Each additional paper, such as an		
correspondence address as indicated unless corrected below or directed otherwispecifying a new correspondence address; and/or (b) indicating a separate "f	rise in Block 1, by (a FEE ADDRESS* fo	assignment or formal draw	ring, must have its own	certificate of mailing.
maintenance fee notifications.	LE ADDITEOU IO	Cer	tificate of Mailing	
CURRENT. CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Blo	ock 1).	I hereby certify that this Is		
LIMOA	70717	the United States Postal S mail in an envelope addres		
	/0717	the date indicated below.	200 10 th	,
WILLIAM E. PLAYER	IPE			
JACOBSON, PRICE, HOLMAN & STERN	6 /	•		•
400 SEVENTH STREET, NW	(o)			(Depositor's name)
WASHINGTON DC 20004-2201 007	1 4 1998			(0:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· · · · · · · · · · · · · · · · · · ·			(Signature)
\ \Ex				(Date)
APPLICATION NO. FILING DATE TOTAL COM	MAKEMAK	EXAMINER AND GROUP	ART UNIT	DATE MAILED
			4.00.4	07/17/00
08/157,195 12/08/93 0 45	HORLICK	, K	1634	07/17/98
First Named Applicant HENCO, KAR	STEN			
TITLE OF PROCESS FOR THE DETERMINATION OF	THE WITTER	AMPLIETED NI	ICLETC ACT)5
INVENTION PROCESS FOR THE DETERMINATION OF	IN ATTUC	. Hill mil imi 140	JULIU HOLL	
		0.000.70	SE ENTER	
		PAPERTO) BE ENTER	<u> </u>
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	:59 HTTI	TTY NO	\$ 1320.00	10/19/98
1 P965024080 435-006.000 G P58151NA	i59 UTIL	ON YTI.	\$1 320.88 \$ 660.00	10/19/98
P58151NA		. I TY NO	\$ 660.00	
	3). 2. For printing (1) the names	g on the patent front page, list s of up to 3 registered patent	\$ 660.00	10/19/98 N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing (1) the names attorneys or a	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2)	\$ 660.00 1 JACOBSO	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address for Change of Change of Change of Change Office Change of Change Office Change Offi	2. For printing (1) the names attorneys or a the name of member a re	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent)	\$ 660.00 1 JACOBSO	
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached.	2. For printing (1) the names attorneys or a the name of member a re and the name	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent	\$ 660.00 1 JACOBSO	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address for Change of Change of Change of Change Office Change of Change Office Change Offi	2. For printing (1) the names attorneys or a the name of member a re and the name	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no	\$ 660.00 1 JACOBSO	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached.	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no	\$ 660.00 1 JACOBSO 2 HOLMAN	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached. □ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attache 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT	2: For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (1) (print or type)	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed.	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attache 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprend to the part of the	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent.	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks):	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attache 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinclusion of assignee data is only appropiate when an assignment has been previous processing the process of the previous of the previ	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be (print or type) pear on the patent. tously submitted to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742)	N, PRICE,
P58151NA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attache 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprend to the part of the	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be (print or type) pear on the patent. tously submitted to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742)	N, PRICE,
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address fo PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attache 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previte PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be (print or type) pear on the patent. tously submitted to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X issue Fee (Ck. n. Advance Order - # of the state	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies	& STERN,
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previous the PTO or is being submitted under separate cover. Completion of this form is N filling an assignment. (A) NAME OF ASSIGNEE Evotec BioSystems GmbH	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be (print or type) pear on the patent. tously submitted to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n Advance Order # of 6	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies ciency in these fees sh	& STERN, ayable to Commissioner ayable to charged to:
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previous the PTO or is being submitted under separate cover. Completion of this form is N filling an assignment. (A) NAME OF ASSIGNEE Evotec BioSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY)	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be (print or type) pear on the patent. Tously submitted to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar IX issue Fee (ck. n Advance Order - # of ODEPOSIT ACCOUNT NU	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliency in these fees sh UMBER 06	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previte PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE Evotec BioSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg GERMANY	2: For printing (1) the names attorneys or a the name of member a read the name attorneys or a name will be pear on the patent. lously submitted to NOT a substitute for	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n. Advance Order - # of the Chosta Advance or definition or definition of the Chosta Advance	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliency in these fees sh UMBER 06	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previous the PTO or is being submitted under separate cover. Completion of this form is N filling an assignment. (A) NAME OF ASSIGNEE Evotec BioSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY)	2. For printing (1) the names attorneys or a the name of member a re and the name attorneys or a name will be ((print or type) pear on the patent. It is substitute for the patent on the patent. It is substitute for the patent of the paten	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n. Advance Order - # of the Characteristic fees or definition of the	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE Evotec Biosystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual).	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. iously submitted to NOT a substitute for	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a spistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar [X] Issue Fee (Ck. n. Advance Order - # of (ENCLOSE AN EXTRA (ENCLOSE AN E	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM	& STERN, ayable to Commissioner application of the charged to: 1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctuation of assignee data is only appropriate when an assignment has been previous PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSYSTEMS GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual) The COMMISSIONER OF PATENTS AND TRAPELARKS IS requested to apply the	2: For printing (1) the names attorneys or a the name of member a read attorneys or a name will be (1) pear on the patent. It is submitted to NOT a substitute for the patent) et issue Fee to the apprent of the name will be submitted to the name will be submitted to the name will be submitted to not the patent.	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a spistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar [X] Issue Fee (Ck. n. Advance Order - # of (ENCLOSE AN EXTRA (ENCLOSE AN E	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM	& STERN, ayable to Commissioner application of the charged to: 1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will application of assignee data is only appropriate when an assignment has been previously not being submitted under separate cover. Completion of this form is Nilling an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual) Corporation or other private group entity government The COMMISSIONER OF PATENTS AND TRADE MAKS IS requested to apply the (Authorized Signature)	2: For printing (1) the names attorneys or a the name of member a read attorneys or a name will be (1) pear on the patent. It is submitted to NOT a substitute for the patent) et issue Fee to the apparent.	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a spistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar [X] Issue Fee (Ck. n. Advance Order - # of (ENCLOSE AN EXTRA (ENCLOSE AN E	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM	& STERN, ayable to Commissioner application of the charged to: 1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will approximate the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSYSTEMS GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government The COMMISSIONER OF PATENTS AND TRAPE MAKS IS requested to apply the (Authorized Signature) (Data Country) WILLIAM E, PLAYER - REG, NO, 311,009	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be of (print or type) pear on the patent. It is to not a substitute for the patent of the pa	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. 1) Advance Order - # of 0 EPOSIT ACCOUNT NU (ENCLOSE AN EXTRA 0 Issue Fee Advance Order - # of 0 Dication identified above.	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprend in the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government. The COMMISSIONER OF PATENTS AND TRADE MAKS IS requested to apply the (Authorized Signature) (Data Country) WILLIAM E. PLAYER - REG. NO. 311009 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a recommendation of the private group of the country of the	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. It is touch the patent out to	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n. Advance Order - # of Other of the Colored of the	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM) Copies ABLISHING SM	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will approximate the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSYSTEMS GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government The COMMISSIONER OF PATENTS AND TRAPE MAKS IS requested to apply the (Authorized Signature) (Data Country) WILLIAM E, PLAYER - REG, NO, 311,009	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. It is touch the patent out to	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. 1) Advance Order - # of 0 EPOSIT ACCOUNT NU (ENCLOSE AN EXTRA 0 Issue Fee Advance Order - # of 0 Dication identified above.	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM) Copies ABLISHING SM	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will approximate the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSYSTEMS GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government) The COMMISSIONER OF PATENTS AND TRAPETARKS IS requested to apply the (Authorized Signature) WILLIAM E. PLAYER - REG. NO. 31 109 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a reor agent; or the assignee or other party in interest as shown by the records of the Patrademark Office.	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be of (print or type) pear on the patent. It is in the patent of	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n. Advance Order - # of Other of the Colored of the	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees sh JMBER 06 COPY OF THIS FORM) Copies ABLISHING SM	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will application of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOLEC BIOSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government. The COMMISSIONER OF PATENTS AND TRABELARYS IS requested to apply the (Authorized Signature) WELLIAM E. PLAYER - REG. NO. 31 109 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a reor agent; or the assignee or other party in interest as shown by the records of the Pat Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete depending on the needs of the individual case. Any comments on the amount	2: For printing (1) the names attorneys or a the name of member a read attorneys or a name will be (1) pear on the patent. It is a substitute for 10 or 14 / 98 registered attorney attent and 10 or 14 / 98 registered attorney of time required 10 or 15 o	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) s of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar X Issue Fee (Ck. n. Advance Order - # of Other of the Colored of the	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cciency in these fees sh JMBER 06 COPY OF THIS FORM) Copies ABLISHING SM ECLARATION	STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will apprinctusion of assignee data is only appropriate when an assignment has been previous the PTO or is being submitted under separate cover. Completion of this form is N filing an assignment. (A) NAME OF ASSIGNEE EVOTEC BIOSystems GmbH (B) RESIDENCE: (CITY & STATE OR COUNTRY) Hamburg, GERMANY Please check the appropriate assignee category indicated below (will not be printed individual Corporation or other private group entity government. The COMMISSIONER OF PATENTS AND TRABELARKS IS requested to apply the (Authorized Signature) WELLIAM E. PLAYER - REG. NO. 31 109 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a reor agent; or the assignee or other party in interest as shown by the records of the Pat Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete depending on the needs of the individual case. Any comments on the amount to complete this form should be sent to the Chief Information Officer, Patent	2: For printing (1) the names attorneys or a the name of member a read attorneys or a name will be (1) pear on the patent. It is touched to the name of the name attorneys or a name will be (1) pear on the patent. It is touched to the name of the patent of the patent of time required and Trademark.	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar IX issue Fee (Ck. n. Advance Order - # of Object of the Issue Fee Advance Order - # of Object of Issue Fee Advance Order - # of Object of Its Issue Fee Issue	\$ 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliciency in these fees shounder 06 COPY OF THIS FORM Copies ABLISHING SM ECLARATION	& STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will appreciate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completed to appropriate assignee category indicated below (will not be printed individual	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. lously submitted to NOT a substitute for else on the patent (10 / 14 / 98) egistered attorney attent and e. Time will vary of time required and Trademark ORMS TO THIS	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar [X] Issue Fee (Ck. n) Advance Order - # of the DEPOSIT ACCOUNT NU (ENCLOSE AN EXTRA Count of the Discussion identified above. LETTER EST STATUS & D	S 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliency in these fees shumber 06 COPY OF THIS FORM) Copies ABLISHING SM ECLARATION	& STERN, ayable to Commissioner ayable to Commission
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Complete the PTO or is being submitted under separate cover. Complete the Individual Separate in the Separate Cover. Complete this form should be sent to the Chief Information Officer, Patent Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FO ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Cover.	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. lously submitted to NOT a substitute for else on the patent (10 / 14 / 98) egistered attorney attent and e. Time will vary of time required and Trademark ORMS TO THIS	g on the patent front page, list is of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar IX issue Fee (Ck. n. Advance Order - # of Object of the Issue Fee Advance Order - # of Object of Issue Fee Advance Order - # of Object of Its Issue Fee Issue	S 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliency in these fees shumber 06 COPY OF THIS FORM) Copies ABLISHING SM ECLARATION	STERN, ayable to Commissioner ayable to charged to: -1358
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT PLEASE NOTE: Unless an assignee is identified below, no assignee data will appreciate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completion of this form is Noted in the PTO or is being submitted under separate cover. Completed to appropriate assignee category indicated below (will not be printed individual	2. For printing (1) the names attorneys or a the name of member a reand the name attorneys or a name will be (print or type) pear on the patent. fously submitted to NOT a substitute for ed on the patent) et issue Fee to the apprate of time required and trademark ORMS TO THIS commissioner for	g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) is of up to 2 registered patent gents. If no name is listed, no printed. 4a. The following fees are en of Patents and Trademar [X] Issue Fee (Ck. n) Advance Order - # of the DEPOSIT ACCOUNT NU (ENCLOSE AN EXTRA Count of the Discussion identified above. LETTER EST STATUS & D	S 660.00 1 JACOBSO 2 HOLMAN 3 PLLC closed (make check paks): 0. 039742) Copies cliency in these fees shumber 06 COPY OF THIS FORM) Copies ABLISHING SM ECLARATION	& STERN, ayable to Commissioner ayable to Commission